

## Background & Policy

Personalized  
small scaled  
direct help

Lillian  
Fonds

The special foundation for children  
with a disability in the southern hemisphere



## Table of contents

### 1 Introduction

### 2 A short history

by Liliane (Lieke) Brekelmans-Gronert,  
founder of the Liliane Foundation

### 5 The hidden catastrophe

Millions of disabled children in  
developing countries; the causes

### 6 A view at the disabled child

The difference in outlook, the rights of the child and the  
focus points of the Liliane Foundation

### 10 Personalized, small scaled and direct help

Working method and nature of the aid

### 16 Public information and fundraising

Asking people in a clear and honest way for their care and  
developing countries.

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## Introduction

The Liliane Foundation is a special foundation for disabled children in developing countries. Because of the personalized, small-scaled, direct working methods, and the input from the hundreds of volunteers here in the Netherlands and abroad, the children have a chance for rehabilitation.

**The Liliane Foundation** gives disabled children in Africa, Asia, and South America a chance at rehabilitation. Children living at home, who because of their disability, cannot keep pace with others. Children who seldom go to school. Children who hide themselves from the outside world, as if they don't belong, as if they don't exist. The parents or guardians are willing to help, but they stand powerless because the cost of rehabilitation is so high.

**The policy of the Liliane Foundation** is directed to disabled children who live at home.

The Liliane Foundation operates on a personalized, small-scaled, direct approach. The Liliane Foundation offers the children a chance at rehabilitation by working together with others who are actively involved with the families at home. Also, the Liliane Foundation makes use of the services, supplies, and facilities available in the area; children are operated on in the nearest hospital, physiotherapy and follow up is received in the nearby areas, aids and appliances come from the home land, for education and job training the children stay as close to home as possible, parents or guardians remain involved through the entire rehabilitation process. For this effective working method, the Liliane Foundation received an honour from the United Nations in 1990.

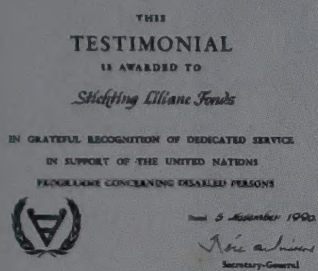
**In the office of the Liliane Foundation** in the Netherlands, a large number of volunteers work under a small team of full-time employees, the management and the board. In the developing countries more than twelve hundred volunteer contact people work together with the Liliane Foundation. These people, the so-called 'mediators', form the direct line to the children.

**The Liliane Foundation** was established in 1980 by Mrs. Liliane (Lieke) Brekelmans-Gronert. Together with her husband Ignaas, they worked to their utmost in helping a young girl in Indonesia. Justifiably, that one child was very important to them. They wanted her to know that she belonged, that she could be seen. This first contact was the start for a growing number of applications for help, for children who really had no hope for help. Over the years the Liliane Foundation has been able to develop and grow. In the Netherlands, the group of financially supporting people keeps growing. In the developing countries, the number of reliable contact people keeps increasing. Now the Liliane Foundation is reaching to help thousands of children yearly, on a personalized, small-scaled and direct way.

**The Liliane Foundation** is hoping to help more children in an efficient manner and it strives for a steady growth. To celebrate the fifteenth anniversary of the Liliane Foundation, we have collected for this publication, reports on the history, background, aim and working method of our foundation. With pleasure we invite you to acquaint yourself with the work of the Liliane Foundation.

Vlijmen, March 14, 1995

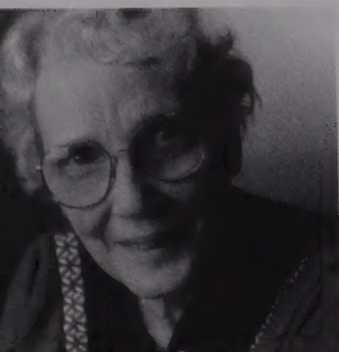
Chairman and Board Members of the Liliane Foundation





## A short history

*The Liliane Foundation was founded on March 14, 1980 by Liliane Brekelmans-Gronert. The spontaneous help for one child in Indonesia grew to an organization that helps thousands of disabled children in developing countries yearly. In the following story, Liliane Brekelmans-Gronert explains how she started the Liliane Foundation.*



**The Liliane Foundation... how it all started** In 1976, after 38 years, I had the opportunity to visit the place where I was born, the Indonesian island of Sumatra. I went there with my husband Ignaas. It was wonderful to be back there. Although much had changed, a lot had also remained the same. The heat, the fragrance, the whole atmosphere, gave me the feeling of being home at last. That feeling lingered on with me for three beautiful weeks. Thinking it over now, it seems only natural that right there, a whole new period in my life was about to begin.

**The beginning** In Sumatra we visited a children's home, run by religious sisters, who welcomed us as their guests. There we met Agnes, or Gok Lian, as she was called by her Chinese name. She was 16 years old and had had polio as a baby. Her parents did not know what to do with her. As so many parents with disabled children in developing countries, they had no money with which to see a doctor. The child was a heavy burden for the family. She was left behind with the sisters, and this is where she grew up. The sisters gave her loving care but also had no means for her rehabilitation. Besides there were no facilities for rehabilitation in Sumatra at the time.

Agnes learned to sew and was very skillfull, in spite of her deformed hands. This is how we first met her : sewing, sitting down quietly among the younger children, on whom she kept an eye at the same time. We smiled at each other! Like her, I was walking with a stick, because I was also affected by polio as a baby. Although I was much older than her, she too had been born in a time and place where there were no preventive measures against polio. This meeting with Agnes kept playing around in my mind. What could we do to give Agnes a chance to build a more independent life; to develop herself to the best of her ability? Her handicap was beyond rehabilitation and moreover she had learned to manage fairly well. We asked the sisters what they would think if we would provide a sewing machine for Agnes. This would enable her to sew more professionally, and maybe in the future she would be able to earn a living with it. Both the sisters and Agnes were enthusiastic about the idea.

**Saving** Back in the Netherlands we applied to a lot of organizations for Agnes' sewingmachine. However, with no luck. Our application was too small-scaled and it did not fit their mandates. The last thing we wanted to do was disappoint Agnes. We thought it very important for her to know that we were still thinking of her and that we believed in her abilities. So we started saving money for the sewingmachine ourselves. Both the money-box and the way we economized caught the attention of friends, relatives and acquaintances. And our enthusiasm caught them as well. After a couple of months the money-box contained more than we needed for the sewingmachine. This was the small beginning of the Liliane Foundation.

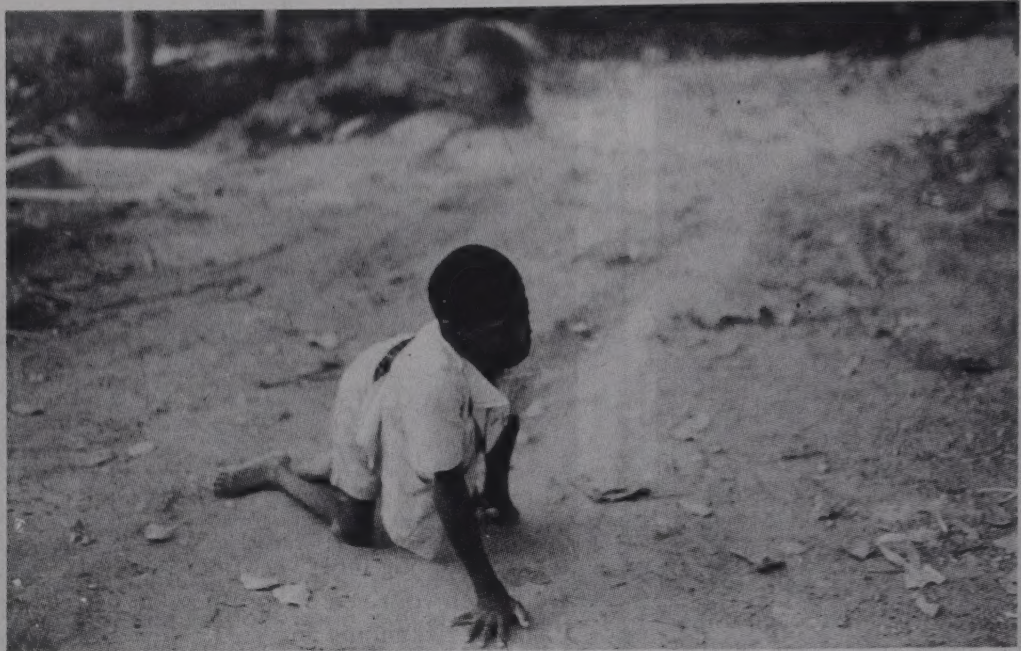
**Being seen** After Agnes' sewing machine had been paid for, a little money remained, but not enough to help another child. But if we continued to save money we might be able to help more. We were never at a loss to find a good destination for our savings. In those years Ignaas was travelling a lot in the developing world and many times he would meet questions like: "Can you help me to find some money to help a child that has been crawling around all his life; or to provide surgery for a child with a harelip that is becoming very lonely?" The amounts of money needed were always very small for our European standards. It was marvellous to be able to reply: "Of course we can help you. Just have a little patience. We are saving money for it." We could see in the photos, and read in the letters, how the children were changing. Love, showing interest and belief in their inner strength and in their abilities did wonders, to the children and to us.

We became more and more conscious of the fact that assistance for medical treatment and education is very important, but that the greatest impulse for the children is the fact that they are











being **seen**. Literally and figuratively! They are being seen as a valuable and equal human being. They develop themselves into esteemed respectable young people and adults, proving themselves to be equal members of their community, within their villages and their families.

**Heart** The Liliane Foundation offers small-scaled and person-centred assistance to disabled children. That is obvious and crystal clear. But the indispensable basis of it all is the respect and the belief in the strength and the value of every human being, regardless of how vulnerable or insignificant he or she may seem to be.

Now that the Liliane Foundation has grown and receives much international recognition, people often ask me whether I am proud of the Liliane Foundation having become such a sound and well-known organization.

Consciously the answer is that I am not. It is good to have international acknowledgement and fame, but that is not what is most important. Essential is the fact that the Liliane Foundation has a heart, a warm beating heart, making hundreds of helpful and loving hands reach out to people big and small, close and far away; hearts and hands making each other feel that we belong together, that we need each other and that together we are united. I am not proud, but I do feel grateful, immensely grateful, each time I sense how all the fellow-workers, both in the office and in the developing world, are giving this very essential aspect practical form. Thus part of that big universal family, of which we sometimes spoke when the Liliane Foundation had just started, has already grown/come true.

*Lieke Brekelmans-Gronert*

## The hidden catastrophe

Millions of disabled children in developing countries; the causes

Studies from the World Health Organization, Rehabilitation International, and Unicef point to the hundreds of millions of disabled people in our world. A disproportionate amount is found in developing countries. The statistics from the different studies, were interpreted differently, resulting in no exact figures. What is clear in the statistics, is that millions of needy disabled children in developing countries are deprived from any sort of help. This enormous figure is a permanent "hidden catastrophe", that nationally, as well as internationally, barely receives the attention it deserves. This is contrasted to sudden catastrophes occurring such as flooding, famine and war.

**Causes** Poverty is the most important cause of the disproportionate high amount of physically and mentally disabled children in developing countries. Governments have to economize on social services. There is a need for clean drinking water and good housing. Hygiene and preventative medicine are not sufficiently developed.

**Vaccination** Even today, thousands of children in the developing world become physically and/or mentally disabled, because they are not vaccinated in time against polio, measles, tuberculosis, or the other childhood diseases.

**Pregnancy complications and birth trauma's** Children are born disabled because their mothers are underfed, have an iodine deficiency, or become sick, due to malaria for example. Another important cause is the frequent lack of professional help during the birth process; during difficult births, the lack of oxygen can cause serious brain damage.

**Feeding** Baby's and young children that are underfed, are susceptible to infections, and experience the serious effects that can follow, because they are not strong enough to form antibodies against the numerous diseases that threaten them. Often, they live in poor hygienic circumstances in which viruses or bacteria can easily attack. An unbalanced diet can lead to an insufficiency in vitamin A, which could cause blindness. Chronic insufficient feeding leads to a falling behind in the physical and mental development of children.



**Early Recognition** Early recognition of disabilities in children, is not always possible, because the needed knowledge and understanding is missing. This is due to the lack of public health and rehabilitation care in the surrounding area. Consequently, serious physical and mental disabilities arise in children during their growing years.

**Other Reasons** The incorrect usage of medicine or injections, the misuse of alcohol and drugs, dangerous living and working conditions, traffic accidents, or having to live with war, these are some of the important causes and reasons for disabilities.

In the past, the public health care in developing countries, had a low priority for rehabilitation in general. The small amount that was available was initially used for curative medicine. Only after that, was attention given to prevention. In the last few years however, a growing number of developing countries are focusing more attention on rehabilitation.

The policy of the Liliane Foundation associates itself with the present international vision on the problem of the availability for rehabilitation in developing countries. In the 1970's, the World Health Organization, began a reorientation strategy to make public health care available for the entire population of developing countries. The "Primary Health Care"- idea, echoed world wide. The outstanding element here is the interchange from institutional care to primary health care, aimed towards the community. In the 1980's, a likewise reorientation strategy occurred in the area of rehabilitation. The "Community Based Rehabilitation"- idea was introduced. Thus, giving the large group of disabled children and adults in developing countries, a chance for rehabilitation.

The policy of the Liliane Foundation is directed to the disabled children who live at home. This makes it possible for the Liliane Foundation to offer a personalized, small scaled and direct approach. By working together with people who are actively involved with the families at home, does the Liliane Foundation offer a chance at rehabilitation. This way, the Liliane Foundation makes use of services, supplies and facilities in the area: children receive operations in the nearest hospitals, physiotherapy and follow up is found in the area, aids and appliances are locally manufactured, for education and job training, the children and young adults stay as close to home as possible, parents or guardians remain involved through the entire rehabilitation process. For this effective working method, the Liliane Foundation received a merit of honour from the United Nations in 1990.

### A view at the disabled child

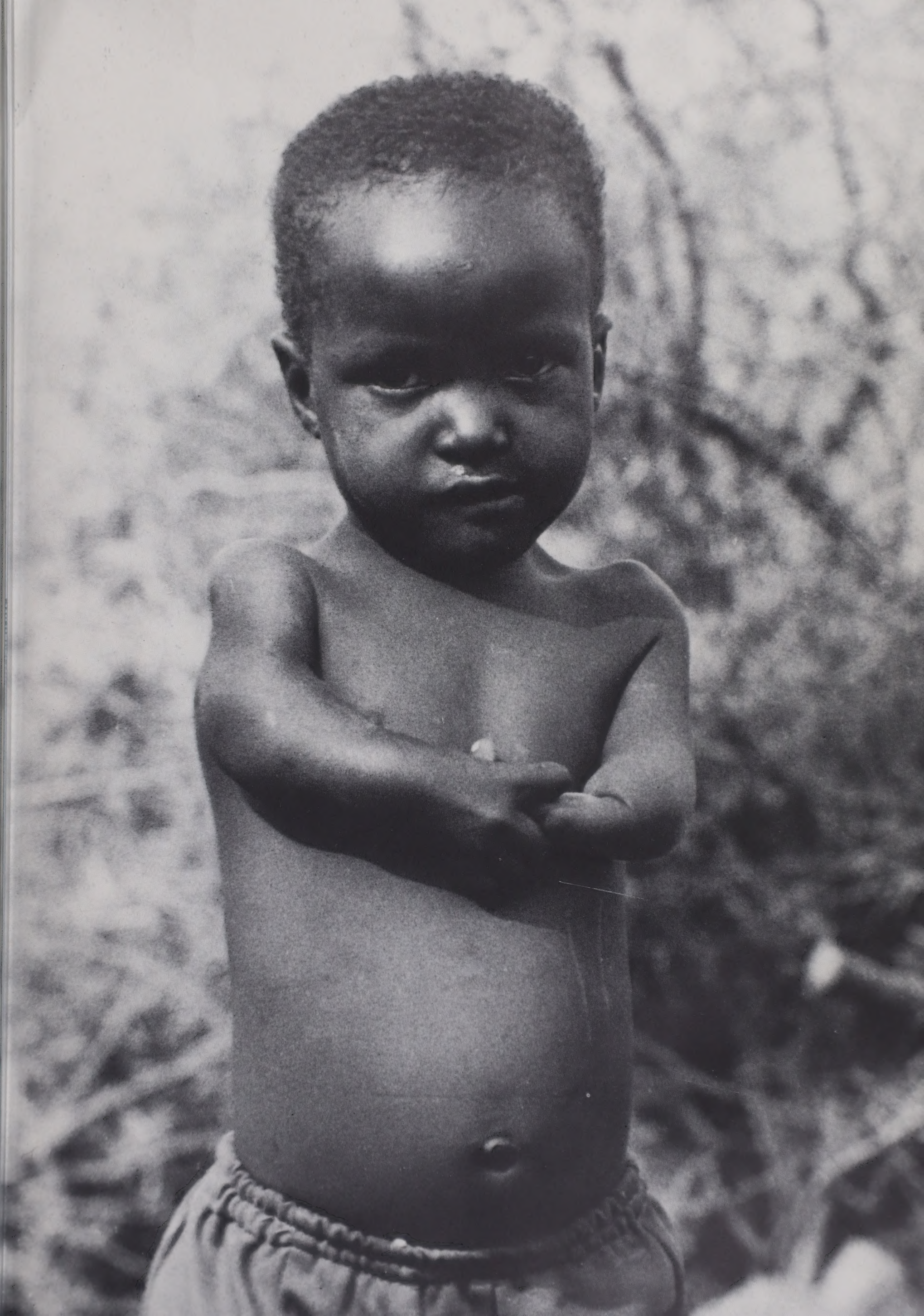
The difference in outlook, the rights of the child, and the focus points of the Liliane Foundation

In our world, there are different ideas about "being disabled". Culture, social rules, and economic circumstances dictate the different views. The differences show in the letters we receive daily from the Liliane Foundation mediators in the developing countries. But, there are also similarities.

**Fear** Nearly everyone has a fear of the unknown, of something different or not understandable. This fear for "something different" lays the foundation for the negative feelings for people that are disabled; particularly, for children that are born with physical or mental disabilities. Besides these feelings of fear, you frequently find feelings of hopelessness, because the surroundings have no experience with a disabled child. The results of this are rejection and denial.

**Economic circumstances** Most of the people in developing countries have their hands full with the daily fight for survival. Scraping together lifes essential needs, food, clothing and shelter. All the energy is used in the daily fight to survive. A disabled child in such a situation is an extra burden. Frequently, as a result, you have a child who feels worthless and receives too little attention.











**Differences in approach** The emotional and cultural approaches to disabled children differs. Religion, superstition and ignorance frequently play an important role. There are regions where people believe that a disabled child is a punishment for the parents, sent from the gods. In these sort of cultures a disabled child is often hidden because of shame. In other cultures, parents of disabled children lean towards over protection. Parents coddle their child in such a way, that he or she is not given a chance at the possibilities to develop, such as washing, dressing, or feeding him or her self. And yet, in even other cultures, people see the disability as fate or a supernatural sign. A medical or other intervention to improve the fate of the child, is generally looked at as evil. Besides this, certain handicaps are seen as contagious. The people in the surroundings forbid their children to mix with disabled children.

**Esteem** The nature of the disability usually influences the appreciation for the child in the family and community. A medical or other sort of intervention can change this. For instance, children that suffered from polio, that crawl around on hands and knees, are usually seen and treated with less appreciation. The moment they have the chance to learn to stand up and walk with crutches and braces, their prestige rises.

**Rights of the Child** In 1990, the Convention for the Rights of the Child was held. An international treaty was drawn up, declaring the rights of the child. The countries that sign this treaty are committed to comply to, and realize these rights. Article 23 of the treaty deals with the rights of a disabled child. It binds the countries to giving special care and attention to mentally and physically disabled children. Also, it gives disabled children the right to specialized education, possibilities for as much independence as possible, and a full participation in society. Furthermore, the countries that signed the treaty, promote the international co-operation and exchange of knowledge, in the area of prevention, rehabilitation and education.

Unesco, also emphasizes the importance of education for disabled children. Everyone is entitled to a broad, balanced and relevant education. Children with disabilities are a major group for whom this right has still to be won. Disabled children have the right for equal opportunity. Equality of opportunity is about recognizing and celebrating difference, and working to ensure that everyone can develop his or her full potential. Disabled children have the right to participate in society. They should not be denied access to education or suffer needless restrictions on the range of education offered or the quality of teaching they experience. Wherever possible, they should be educated alongside their peers. Disabled children have the right for special care. What is more, not only are the technical aspects of rehabilitation important, but also attention and love.



## Focus points of the Liliane Foundation

**That one special child** Disabled children are “children” in the first place. All over the world they have the same needs as other children. They need attention, care and understanding. They want to play, and together with other children and adults, they want to discover the world. They want to feel welcome and to feel accepted in the family and community, wanting to develop to their optimum as individuals. A disabled child in a developing country does not always receive all the chances that he or she is entitled to. The Liliane Foundation is there for that one special child.

**To know that you're valued** Children that can't walk, see or hear, or are mentally disabled, often feel rejected because they feel of no use to their family and friends. Often, a disability places the child on the fringe of society. Parents in developing countries often stand powerless because they lack the money and knowledge to help their child. Yet, that child needs that special attention and care. Such a child must know that he or she is valued, that they belong, and that they have a full participation in society.

**Inner strength** These children rely on their inner strength, a resilience that keeps them going. Giving to these children, their care, attention and giving practical help, gives them the will to stand up for their rights and fight for themselves. Giving to these children will also stimulate the community into action. It is the children themselves who must take the long road in the process of rehabilitation. Their will-power helps them, but they must know that others believe in them. They must know that they are seen and accounted for. That helps them during their times of hopelessness, loneliness and discouragement. To support a child in a very small way, financially or otherwise, is often sufficient to give the child a life altering change.

### Personalized, small- scaled and direct help

#### Working method and nature of the aid

The Liliane Foundation aid

- is personalized, small-scaled and direct;
- applies to the individual needs of that one special child from the view point of the personal development of the child. Medical and social aspects play a role here;
- is in practice made possible through the co-operation of a world-wide network of volunteer contact people, called mediators, that take the personal responsibility for the child's rehabilitation;
- makes use of local facilities and supplies, the nearest hospital or rehabilitation centre, the nearest school or job training possibility, locally manufactured aids and appliances

**Objective** The help is aimed for disabled children in the developing countries of Africa, Asia and South America. Children who live at home. Children, whose parents are not in the financial position to pay the total cost for their child's rehabilitation. Children who do not have access to institutional care, or, who for different reasons, are not reached by the institutional care workers. Children who seldom go to school. Children who are socially isolated.

**Working method** The Liliane Foundation works together with local contact people, the mediators, who form the important link between the Liliane Foundation and the disabled children in developing countries. They form the direct line to the children and their families. By working together with the parents, the child, and the Liliane Foundation, the mediators are in the position to offer the actual, direct help in practice.



### **The Liliane Fondation Mediators**

- belong to a religious congregation or Non Governmental Organization, are mostly professionals in social related services and personally take on the responsibility as a mediator
- are volunteers who work with heart and soul for disabled children in their area;
- are people who live and work in the area of the child;
- visit the child's family home;
- know (or search for) the closest and most reliable referral possibilities for medical and social rehabilitation;
- are men and women with different backgrounds, nationalities and religions;
- are not always trained as rehabilitation experts, but they are motivated to gain more knowledge in this field.

**The role of the mediator** A disabled child does benefit from all the material help offered, but care and attention play a much larger role in their lives. The Liliane Foundation looks to the aspirations and possibilities of each individual child and goes all out to help "that one special child". From case to case the offer for rehabilitation differs, because for every child the circumstances are always different. In the realization of the Liliane Foundation objective - personalized and small- scaled help for individual children - the mediator plays a crucial role.

**Point of support** Mediators take on the task and responsibility for the medical and social rehabilitation of disabled children in their area. They voluntarily form the direct line between the Liliane Foundation and the children. The mediators integrate the special care for disabled children, daily into their field work. For the parents and the child, they fulfil a supporting role on the practical side and also for the morale. The parents remain responsible for the child, the mediator is their point of support. The parents work together towards the rehabilitation of their child because of their personal stake. They offer the support, motivation, contribution in kind and, if possible, a financial contribution toward the costs.

**Personalized** The mediators develop together with the child and the parents or guardians, an individual and integral rehabilitation plan for the child. For medical care (operations, visits to specialists, physiotherapy, braces, crutches, hearing aids, aids and appliances to learn to walk, sit or stand) they go to the closest supplier or facility. To bring the disabled child into a position of self sufficiency, to earn their own living, the mediator looks for schools and job training possibilities in the nearby areas. For small-scaled income generating projects, the mediator considers the local economic possibilities.

**Communication and reporting** Mediators have direct contact with their personal correspondent at the Liliane Foundation office in the Netherlands. Together, they look to the full development possibilities of, and for, each disabled child. The Liliane Foundation places a lot of value on the communication with the mediators and will offer all its support to them. The mediator reports regularly on the progress of the child and also accounts for the costs and finances. Via a Newsletter, the Liliane Foundation declares the figures of the financial assistance from the donors. The personal data of every child helped, is registered in the administration records, noting the disability and the costs incurred for the assistance. Photos of the children, before and after the rehabilitation, are of great interest for the fund raising activities of the Liliane Foundation. The financial annual report from the Liliane Foundation, is audited yearly, by a recognized chartered accountant.

**Follow-up** An important role for the mediator is the follow-up. The mediator closely follows the lives of the child and the parents, in order to further the integration of the child, to maintain the adaptability of the aids and appliances in the child's growing years; and to find the suitable school or job training possibility. The mediator and the people in the area give the child the motivating support that he, or she, so badly needs.

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## **The essence of the assistance**

Many children have a physical or mental disability. At the Liliane Foundation the assistance is not dictated by a group or division. The attention is put on the consequences of the disability for the child. In the organizing of the individual rehabilitation plans, the mediator must differentiate between two major groups:

### **1 Children and young adults who can become independent**

Depending on the child's situation, the rehabilitation involves: all possible medical help, aids and appliances, education, job training, and small-scaled income generating projects, the objective being, to reach as much independence as possible in his or her life.

### **2 Children and young adults who cannot become completely independent**

For children who are severely disabled, physically, mentally or both, and will always be dependant on their family. The rehabilitation has two points of interest.

Firstly, the child. The objective is to reach the optimum in improving the quality of his or her life. The child's rehabilitation involves all possible medical help, aids and appliances, special education and/or care available. Secondly, the support for the child's family. Job training and/or small-scaled income generating projects for parents or guardians to bring them into the position to offer the child the attention and care that he or she needs.

### **The mediator may ask for financial help from the Liliane Foundation for:**

- **all the possible medical rehabilitation: operations, physiotherapy, admitting costs, medicines, transportation to and from the hospital, if needed;**
- **aids and appliances: braces, crutches, parallel bars for learning to walk, special sitting or standing equipment, hearing aids, glasses, wheel chairs, etc.**
- **education: special education, ADL-training (Activities for Daily Life, such as learning to wash oneself, dress, eat, go to the toilet);**
- **job training: depending on the local economy in the child's area. When possible, the young adult learns from the neighbourhood's skilled workmen, for example, a tailor, radio electrician, hairdresser, administrative work, and so on;**
- **income generating projects for disabled young adults. Here, we can think of starting capital for small shops, or for raising live-stock, sewing machines or knitting machines, repair and service stands for shoes, radios etc. The project choice depends on the possibilities in the local economy;**
- **income-generating projects for parents or guardians of severely disabled children, physically, mentally, or both, who will always be dependant on their care. We also look for small projects, where the emphasis lies on the participation of the child, even though it may be ever so simple. For example, to help care for small live-stock, or together with mother, helping in a small shop at home etc.**

Please Note: For income generating projects, it is preferred that the mediator arranges a savings account with the people involved.











## Supporting and educating mediators

It makes sense to learn from each other's experiences. In some developing countries, the Liliane Foundation works together with many mediators. The Liliane Foundation, stimulates initiatives for open gatherings between their mediators. In countries where the Liliane Foundation works together with dozens of mediators, it strives for a partnership with congregations or Non Governmental Organizations, in order to be able to appoint regional and/or national co-ordinators. The co-ordinator's function is to offer a facilitating role for the Liliane Foundation mediators. Moreover, he or she organizes gatherings, activates mutual co-operation, and maps out reliable referral possibilities (rehabilitation centres, hospitals, special schools).

**Special activities** The objective of the Liliane Foundation, is to offer personalized, small-scaled, and direct help to the disabled children in developing countries. Also, the Liliane Foundation relies on volunteer services from existing local networks (Liliane Foundation mediators) and uses facilities from existing local hospitals, rehabilitation centres, schools, etc. The mediator is responsible for the support and follow-up care.

In practice, mediators sometimes experience that they have little or no referral possibilities to help the children in their area. Often, they have to go with the children to distant cities for the rehabilitation. For the follow-up, especially the paramedical rehabilitation, it often takes a long duration, and for the parents and mediators, it means a tremendous investment of time. Also, mediators sometimes experience problems with the care and looking after of severely physically and/or mentally disabled children.

In such cases, the mediator has a practical problem and can barely offer the meaningful help needed for the children. The Liliane Foundation will stick to her main objective of personalized, small-scaled help for individual children, but will also work along with the mediator in this problem. The Liliane Foundation is not in a position to work on a large-scaled, structural project; however, when it is associated with small-scaled basic facilities (day care centre, after care facility) and when mediators can find no answer from the local government authorities or other organizations, the Liliane Foundation is prepared to work together with the mediator to look for a solution and for financing possibilities by government authorities and institutions.

**A world-wide network** In 1995, the Liliane Foundation worked together with 1200 Liliane Foundation mediators in 70 developing countries in Africa, Asia and South America. In 1980, the formation year, the Liliane Foundation helped 14 children. 10 years later, the Liliane Foundation was helping more than 10,000 children a year. In 15 years time, 75,000 requests for help for disabled children were honoured. The number of children reached yearly is still growing. The assistance remains personalized, small-scaled and direct.



## Public information and fundraising

Asking people in a clear and honest way for their attention, care and support for disabled children in developing countries

During the public information activities, the philosophy and identity of the Liliane Foundation is presented. The points stressed, are the abilities of the child, not the disability, and the right of the child, for special care and attention, based on the unique value of each individual, and the respect he or she deserves.

**Objective** The public information and fund raising activities of the Liliane Foundation are to make the general population aware of:

- the hidden catastrophe, that millions of children in developing countries are struck with a disability;
- the fact, that via the Liliane Foundation, donations from the public can immediately offer help in the form of medical and social rehabilitation for these children.

**Special foundation** The public information department presents the Liliane Foundation as the special foundation for disabled children in developing countries. It works in a personalized, small-scaled and direct manner, and along with the input from the many volunteers- can offer a very effective method of helping disabled children and young adults move forward - for which relatively small amounts are needed.

The assistance that comes from the Liliane Foundation, is made possible by the gifts from donors, organizations and institutions. For certain projects, the Liliane Foundation receives a subsidy from the government. Tens of thousands of people in the Netherlands feel drawn to the work of the Liliane Foundation, and trust it with their financial donation in order to help the children. The Liliane Foundation informs them four times a year via a Newsletter, that gives information about the children and the activities at home and abroad. The Newsletter is also sent to the campaigners at schools and societies and other groups of people who start a campaign to collect funds for the Liliane Foundation.

**Financial responsibility** The Liliane Foundation reports to her donors in the June Newsletter about the auditing of yearly accounts. Every child helped, the personal data, the disability and the amount paid for the help, is registered to the last penny in the project's administration. A registered chartered accountant, audits for the financial annual report, and is available in Dutch, to those who are interested.

The policy of the Liliane Foundation is to keep the costs of the organization as low as possible. The co-operation from the volunteers at home and abroad, and the careful handling of the ways and means and the necessities, contribute to this. The public information and fund raising activities are operated in a frugal yet professional approach. The costs for the organization, figured over 10 years, 1984-1994, stands at an average of 12.8% per year.

**Growth** The Liliane Foundation strives for a gradual and accountable growth in the number of mediators and a relative growth in the number of children that can be offered help for rehabilitation. For that purpose, a proportionate rise in growth is needed in public assistance from donors, organizations and institutions who want to support the work financially.











**Working method** The Liliane Foundation aims to attract the interest of the media in "the hidden catastrophe". Through television, newspaper and radio reporters, who travel to developing countries, the Liliane Foundation informs a large portion of the public. Attention is focused on the problem, by regularly holding fund raising campaigns to generate contributions.

On the regional and local level, members from the department of information have literature and promotional material available to them for campaigns. Regularly, the members from the office go to schools, societies and institutions. In a number of areas in the Netherlands, groups of people work together to focus more publicity on the Liliane Foundation and the work it does, as well as, to fundraise via special campaigns. Also, internationally, the Liliane Foundation wants publicity given to the problem of children with a disability in developing countries. The Liliane Foundation strives towards co-operation with international organizations and congregations for support to recruit their people in developing countries as possible mediators.

**Personalized** Through honest, clear and positive information, the Liliane Foundation reaches people who want to give financial contributions regularly, because they feel personally involved with the disabled child and the family. In the Liliane Foundation literature, an explanation is given about "the hidden catastrophe" that is silently enacted out in developing countries. At the same time, the Liliane Foundation converts the catastrophe into the personal circumstances of the individual child. The emphasis lies on the will-power and possibilities of the child. An important point, is that every child is known, who he or she is, where he or she lives, what the family circumstances are, the disability, the possibilities for rehabilitation and what that costs precisely. This information comes from the Liliane Foundation mediators and forms the most important base for fundraising campaigns.

Una lives in India. She is 15 years old. Her mediator writes: Una has difficulty walking due to braindamage. Since her father died the family faces financial crisis. Her mother is a housemaid and is also skilled in handicrafts. She makes bags, hats and does needle work as well as tailoring for ladies. To raise their income the mediator provided the family with a buffalo. Others helped with a thatched shed. Una needed a tricycle and a special splint to improve the function of her hand. Total contribution by Liliane Foundation: 583 guilders.







**Colophon**

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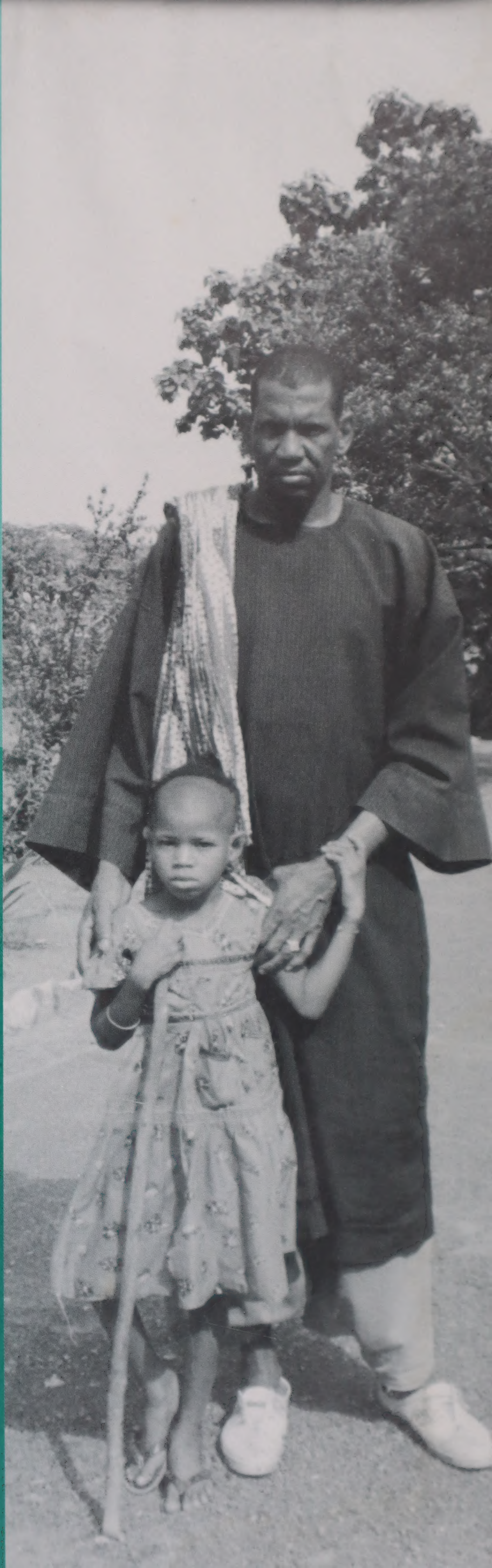
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